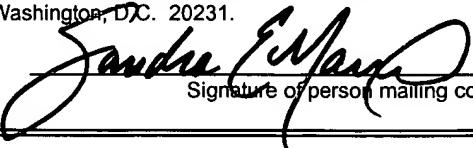


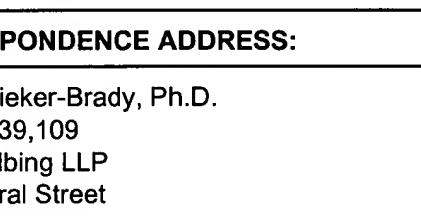
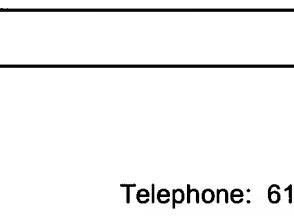
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I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, DC. 20231.	
<u>Sandra E. Marxen</u> Printed name of person mailing correspondence	 Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	01997/1980Q6
Applicant	H. Robert Horvitz, Junying Yuan, Shai Shaham
Title	Cloning, Sequencing and Characterization of Two Cell Death Genes and Uses Therefor
PRIORITY INFORMATION:	
This application is a continuation of and claims priority from United States patent application 08/287,669, filed August 9, 1994 which is a divisional of 07/979,638, filed November 20, 1992 which is a CIP of 07/897,788, filed June 12, 1992.	
APPLICATION ELEMENTS:	
Cover sheet	01 pages
Specification	66 pages
Claims	15 pages
Abstract	01 pages
Drawing	21 pages
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 07/979,638 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	03 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 pages

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Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 pages
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$790/\$395	\$395.00
Excess Claims Fee: 68 - 20 x \$11/\$22	\$528.00
Excess Independent Claims Fee: 22 - 3 x \$82/\$41	\$779.00
Multiple Dependent Claims Fee: \$270/\$135	\$0
Total Fees:	\$1702.00
<input type="checkbox"/> Enclosed is a check for _____ to cover the total fees. <input type="checkbox"/> Charge _____ to Deposit Account No. 03-2095 to cover the total fees. <input checked="" type="checkbox"/> The filing fee is not being paid at this time. <input type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Kristina Bieker-Brady, Ph.D. Reg. No. 39,109 Clark & Elbing LLP 176 Federal Street Boston, MA 02110 Telephone: 617-428-0200 Facsimile: 617-428-7045	
 Signature	
 Date	